

Name  
in  
Full

Mrs Lizzie Chesser

~~St. Mary's~~

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> St. George's Island<sup>County</sup> St. Mary's

MARYLAND

Date  
of death 1909Month  
Feb.Day  
25-

Age

Years  
61

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Northumberland County, Pa.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Tyler D. Chesser

Father's  
Name

William Stevens

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Virginia

Name of person giving  
In formation

Honey Chesser

How related  
to deceased

Stepson

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Cancer of Stomach

How long

8 Months

Immediate

Peritonitis

How long

48 hours.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

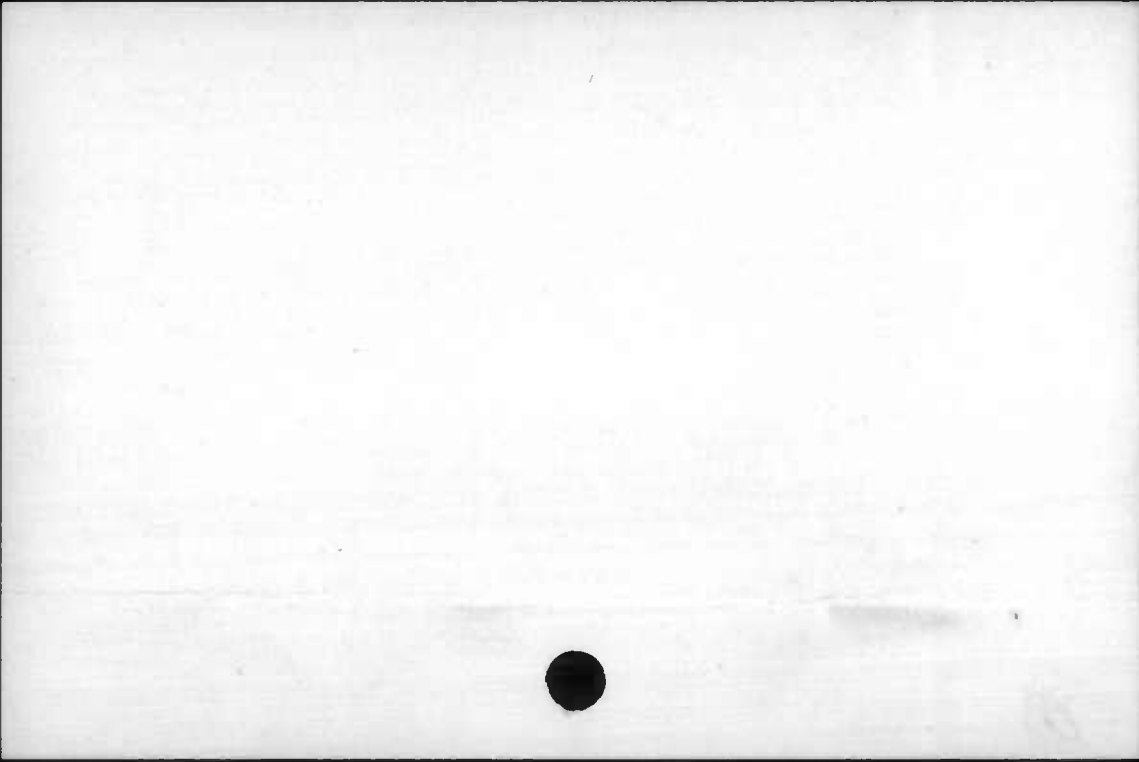
Signature of  
Physician

T. Horner Lynch, M.D.

Address

Valley Lee,  
St. Mary's Comm.

Accident or Suicide?



Name  
in  
Full

Geo. M. Curry -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cahville</i> <sup>Town</sup>		<i>St. Mary's</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb.</i>	Day <i>26</i>	Age <i>46</i>	Months <i>1</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Farming -</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice M. Williams</i>				
Father's Name <i>Joseph M. Curry -</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Martha Hill</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Philip Graves</i>	How related to deceased <i>Nom.</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>8 months -</i>
Immediate <i>Oedema of lungs</i>	How long <i>3 or 4 weeks -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Johnson -</i>
	Address <i>Winganz w -</i>
Accident or Suicide?	

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

100-100000-100000  
100-100000-100000

[The main body of the document contains several paragraphs of extremely faint, illegible text. The text appears to be a memorandum or report, but the specific details are not discernible.]

100-100000-100000  
100-100000-100000

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Chopstie</i>		Town <i>St. Mary's</i>		County		MARYLAND		
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>8</i>	Age	Years	Months <i>4</i>	Days <i>4</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>					
Occupation				Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband						
Father's Name <i>Henry Mattingly</i>		Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Mary M. Murphy</i>		Mother's Birthplace <i>Md</i>						
Name of person giving information <i>William Mattingly</i>		How related to deceased <i>Brother</i>						

## CAUSES OF DEATH

4

PHYSICIAN  
OR CORONER

Primary <i>Malarial Fever</i>	How long <i>8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Lumm</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Morganza.</i>



Name  
in  
Full

CERTIFICATE OF DEATH

Joanna Queen  
New Choptie

St. Mary's County

MARYLAND

Died at Date of death 1909 Feb. 17 Age 67 Months Days

Sex Female Color or Race Colored Birth-place Md

Occupation Housewife Where Reading if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Miss Queen

Father's Name Mr. Yates Father's Birthplace Md

Mother's Maiden Name What I know Mother's Birthplace

Name of person giving information John M. Queen How related to deceased Son

CAUSES OF DEATH

92

Primary Brocho-Pneumonia How long 6 days

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. B. Johnson  
Morgantown

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chopticon* <sup>Town</sup> *St. Marys* <sup>County</sup>Date of death *1909 Feb.* <sup>Month</sup> *1* <sup>Day</sup> *2* <sup>Years</sup> *0* <sup>Months</sup> *15* <sup>Days</sup>Sex *Male* Color or Race *Colored* Birth-place *MD*Occupation *-* Where Residing if not at place of death *-*Married, Single or Widowed *-* Name of Wife or HusbandFather's Name *William W. Short* Father's Birthplace *MD*Mother's Maiden Name *Mary E. Thomas* Mother's Birthplace *MD*Name of person giving information *William W. Short* How related to deceased *Father*

## CAUSES OF DEATH

10

Primary *Influenza* How long *6 days*Immediate *Meningitis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. B. Johnson*  
*Morgantown, MD.*

Accident or Suicide?

